



PASSPORT To Health Provider Handbook



September, 2004

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Key Contacts

Hours for Key Contacts are 8:00 a.m. to 5:00 p.m. Monday through Friday (Mountain Time), unless otherwise stated. The phone numbers designated “In state” will not work outside Montana. The numbers designated “TDD” have a telecommunication device for the deaf (TDD) and hard of hearing. Persons with disabilities who need an alternative accessible format of this information, or who require some other reasonable accommodation in order to participate in Medicaid, should contact the Montana Department of Public Health and Human Services through the PASSPORT To Health Program (see *PASSPORT Client Information* below for phone number and address).

Provider Relations

Contact Provider Relations for questions about Medicaid, MHSP, and CHIP eyeglass and dental. Providers Relations can answer questions regarding payments, denials, eligibility, general claims questions, and PASSPORT or Medicaid enrollment questions:

(800) 624-3958 In state
(406) 442-1837 Out of state and Helena
(406) 442-4402 Fax

Send written inquiries to:

Provider Relations Unit
P.O. Box 4936
Helena, MT 59604

PASSPORT Client Information

Clients who have general Medicaid questions may call the **Montana Medicaid Help Line** or write to:

(800) 362-8312 In and out-of-state
(406) 442-2328 Fax

PASSPORT To Health Program
P.O. Box 254
Helena, MT 59624-0254

Client Eligibility

For client eligibility, see the *Client Eligibility and Responsibilities* chapter in the *General Information For Providers* manual.

PASSPORT Program Officer

PASSPORT providers can contact the program officer with policy or program questions, to report errors, omission, or discrepancies in enrollee utilization and cost reports, and to submit inpatient stay documentation.

(406) 444-4540

PASSPORT Program Officer
DPHHS
Medicaid Services Bureau
P.O. Box 202951
Helena, MT 59620-2951

Medicaid Policy Questions

Providers who have Medicaid policy questions may contact the appropriate division of the Department of Public Health and Human Services; see the *Introduction* chapter in the *General Information For Providers* manual.

CHIP Program

For questions about the Children’s Health Insurance Plan:

(877) 543-7669 Phone toll-free
(406) 444-6971 Phone in Helena
(406) 444-4533 Fax In Helena
(877) 418-4533 Fax Toll-free

chip@state.mt.us E-mail

CHIP Program Officer
P.O. Box 202951
Helena, MT 59620-2951

Office for Civil Rights

For complaints about alleged discrimination because of race, color, national origin, age or disability. Hours are 8:00 a.m. to 4:00 p.m. Mountain time.

DPHHS, Office of Human Resources
Client Complaint Coordinator
P.O. Box 4210
Helena, MT 59604

(406) 444-3136 In and out-of-state

Office for Civil Rights
U.S. Department of Health and Human Services
Federal Office Building
1961 Stout Street, Room 1426
Denver, CO 80294-3528

(303) 844-2024 In and out-of-state

(303) 844-3439 TDD

Montana Relay Services

Telecommunications assistance for the hearing impaired.

(800) 253-4093 Voice

(800) 253-4091 TDD

Administrative Review Request

To request an administrative review, deliver or mail the request, objections, and supporting document to the following address. The document should be addressed or directed to the division that issued the contested determination.

DPHHS
111 N. Sanders
P.O. Box 4210
Helena, MT 59604-4210

Fair Hearing Request

To request a fair hearing, deliver or mail the request to the following address. A copy must also be delivered or mailed to the division that issued the contested determination.

DPHHS
Quality Assurance Division, Office of Fair Hearings
P.O. Box 202953
Helena, MT 59620-2953

Emergency Services Review

Send emergency department review documentation to:

Mountain-Pacific Quality
Health Foundation
3404 Cooney Drive
Helena, MT 59602

Phone:

(800) 262-1545 X150 In state

(406) 443-4020 X150 Out of state and
Helena

Fax:

(800) 497-8235 In state

(406) 443-4585 Out of state and Helena

Team Care Program Officer

For questions regarding the Team Care Program:

(406) 444-4540 Phone

(406) 444-1861 Fax

Team Care Program Officer
DPHHS
Managed Care Bureau
P.O. Box 202951
Helena, MT 59620-2951

Key Web Sites	
Web Address	Information Available
Virtual Human Services Pavilion (VHSP) vhsp.dphhs.state.mt.us	Select <i>Human Services</i> for the following information: <ul style="list-style-type: none"> • Medicaid: Medicaid Eligibility & Payment System (MEPS). Eligibility and claims history information and a link to the Provider Information Website. • Senior and Long Term Care: Provider search, home/housing options, healthy living, government programs, publications, protective/legal services, financial planning. • DPHHS: Latest news and events, DPHHS information, services available, and legal information.
Provider Information Website www.mtmedicaid.org or www.dphhs.state.mt.us/hpsd/medicaid/medicaid2	<ul style="list-style-type: none"> • Medicaid news • Provider manuals • Notices and manual replacement pages • Fee schedules • Remittance advice notices • Forms • Provider enrollment • Frequently asked questions (FAQs) • Upcoming events • HIPAA Update • Newsletters • Key contacts • Links to other websites and more
Client Information Website www.dphhs.state.mt.us/hpsd/medicaid/medrecip/medrecip.htm	<ul style="list-style-type: none"> • Medicaid program information • Client newsletters • Who to call if you have questions • Client Notices & Information
Children's Health Insurance Plan (CHIP) Website www.chip.state.mt.us	<ul style="list-style-type: none"> • Information on the Children's Health Insurance Plan (CHIP)
Centers for Disease Control and Prevention (CDC) website www.cdc.gov/nip	Immunization and other health information
Medicaid Mental Health and Mental Health Services Plan www.dphhs.state.mt.us/about_us/divisions/addictive_mental_disorders/services/public_mental_health_services.htm	Mental Health Services information for Medicaid and MHSP

Client Enrollment and Education

Client Enrollment (ARM 37.86.5103 - 5104)

Most clients are required to enroll in PASSPORT To Health. Clients that are not required to enroll in PASSPORT are considered either exempt or ineligible as follows. If participation in PASSPORT causes a medical hardship, clients may petition the state for an exempt status. The Department has determined the following clients are ineligible for PASSPORT enrollment:

- Clients living in a nursing home or other institution
- Clients with both Medicare and Medicaid coverage
- Clients classified as medically needy and have an incurment
- Clients who will receive Medicaid benefits for only three months or less
- Clients who live in a non-PASSPORT county
- Clients who are in subsidized adoption
- Clients who have only retroactive eligibility
- Clients who are receiving Home and Community Based Waiver Program Services

When a client applies for Medicaid, they are given a Medicaid general handbook introducing the client to Medicaid, *Your New Handbook; What You Need to Know*. The County Office of Public Assistance determines Medicaid eligibility, and if the client is mandated to participate in PASSPORT, the client's eligibility information is sent to PASSPORT To Health. PASSPORT then begins client enrollment and education. New clients receive an enrollment packet containing the following information:

- A letter instructing the client to select a PASSPORT provider
- A list of participating PASSPORT providers by county
- A PASSPORT enrollment form
- *Getting Started with Your Medicaid Health Services*, a brochure with PASSPORT and Medicaid information

Over 75% of PASSPORT clients choose their own PASSPORT provider.

Less than 4% of PASSPORT clients change providers more than three times a year.

After the client chooses a PASSPORT provider, the client is sent a *PASSPORT To Health Handbook for Clients*. Clients are allowed at least 30 days to select a PASSPORT provider. Some clients are allowed up to 45 days to select a provider, depending on what time of month they became eligible for Medicaid. Each family member may select the same or a different PASSPORT provider. If a client does not choose a PASSPORT provider, PASSPORT To Health will automatically assign a provider appropriate to the client's age, sex, and location based on the following criteria:

- County of residence
- Family PASSPORT enrollment
- A history of claims with a PASSPORT provider who is accepting new clients
- Native American clients who have declared a tribal enrollment who live in a county where there is an Indian Health Services PASSPORT provider
- Randomly, to a provider accepting new clients

Clients who are assigned a PASSPORT provider are notified at least ten days in advance of the effective assignment. This allows clients to notify PASSPORT To Health if they would like to select their own PASSPORT provider.

Clients may change their PASSPORT provider up to once per month, but the change may not be effective until the following month, depending on the date the choice is made.

Client Outreach and Education

In addition to the enrollment packet, all families with an active telephone number receive at least three phone attempts to verbally explain the PASSPORT Program, answer questions, and take enrollment information over the phone. An education script is followed during these outreach calls to ensure that all clients receive the same information about PASSPORT To Health and Medicaid. Clients also have additional resources to help them use their Medicaid services and understand the PASSPORT To Health Program. See the following table, *Client Education Resources*.

Additional Medicaid Requirements for PASSPORT Clients

Prior Authorization

PASSPORT approval and prior authorization are different. While PASSPORT approval is a referral to visit another provider, prior authorization refers to a list of services that require Department authorization before they are performed. Some services may require both PASSPORT approval and prior authorization. Prior authorization is usually obtained through the Department or a prior authorization contractor. Different codes are issued for PASSPORT approval and prior authorization, and both codes must be recorded on the claim. For more information on prior authorization, see the *PASSPORT and Prior Authorization* chapter in the Medicaid billing manual for your provider type.

Team Care

Team Care is a utilization control and management program designed to educate clients on how to effectively use the Medicaid system. Clients with a history of using services at an amount or frequency that is not medically necessary are enrolled in Team Care. Clients enrolled in Team Care are also enrolled in PASSPORT. Team Care follows the same PASSPORT rules and guidelines for referrals, enrollment/disenrollment, prior authorization, and billing processes. For more Team Care information, see the *General Information For Providers* manual, *PASSPORT and Prior Authorization* chapter.

Client Cost Sharing

Cost sharing rules are the same for PASSPORT clients and non-PASSPORT clients. For more information on client cost sharing, see the Medicaid billing manual for your provider type.

Service Limits

Service limits are the same for PASSPORT clients and non-PASSPORT clients. For more information on service limits, see the Medicaid billing manual for your provider type and the *General Information For Providers* manual, which are both available on the Provider Information website (see *Key Contacts*).



The same cost sharing, service limits, prior authorization and provider payment rules apply to PASSPORT and non-PASSPORT clients and services.

Managing Your PASSPORT Caseload

Enrollee List

A monthly PASSPORT enrollee list will be mailed to each PASSPORT provider by the first day of each month to assist PASSPORT providers in managing their PASSPORT clients. For each person on the list, there are two rows of information. Row one contains the client's name, Medicaid ID number, birth date, address, phone number, and BASIC or FULL Medicaid information. Row two indicates if the client is a new enrollee, currently has Medicaid, and is due for a Well Child Check Up. Below is a sample enrollee list.

DR PASSPORT			PROVIDER ENROLLEE LIST				JANUARY 2003	
Client Name	Medicaid #	Birthdate	Address	City, ST zip	Phone	Basic		
New Enrollee	Current Medicaid	Well Child Visit						
Row one → Sally Doe	000-00-0000	02/23/70	3400 PASSPORT RD	Helena, MT 59601	406-000-0000	Y		
Row two →		??						
Row one → John Doe	000-00-0000	09/11/96	3404 PASSPORT RD	Helena, MT 59601	406-999-9999	N		
Row two → New Client		Yes		6 yrs				

- If a new client is on the list, it will say "New Client" under his or her name. Please take this opportunity to introduce the client to your practice, office policies and your staff. If a client has been on your list before but is shown as a new client, he or she may have lost eligibility for a period of time.
- If a client is on BASIC Medicaid a "Y" is shown in the "Basic" column. If an "N" is shown in the Basic column, that means the client has FULL Medicaid. For a list of covered services, see the *General Information For Providers* manual, *Appendix A: Medicaid Covered Services*.
- If question marks (??) are shown in the Current Medicaid column, this means that at the time the list was created, the Eligibility Case Manager didn't know if the person would be eligible for Medicaid. If the person does become eligible later on in the month, you will be responsible for managing their care, and you will receive case management fees for them.



Clients may not be eligible for Medicaid every month, so a client who has been on your list before may be indicated as a "New Client" if they lose eligibility for a period of time.

Team Care

A monthly Team Care enrollee list will accompany your PASSPORT enrollee list as applicable.

Emergency Services

PASSPORT providers must provide **direction** to clients in need of emergency care 24 hours each day, seven days a week. For more information on direction, education, and suitable coverage for emergency care, see the *Role of the PASSPORT Provider* chapter in this manual.

Emergency Services Provided in the Emergency Department

PASSPORT provider approval is not required for emergency services. Emergency medical services are those services required to treat and stabilize an emergency medical condition. Non-emergencies in the ED will not be reimbursed, except for the screening and evaluation fee and any appropriate imaging and diagnostic services that are part of the screening. For more information, see *Emergency Services* on the Provider Information website or in the Medicaid billing manual for your provider type (see *Key Contacts*).

Post Stabilization and PASSPORT

If inpatient hospitalization is recommended as post stabilization treatment, the hospital must get a referral from the client's PASSPORT provider. If the hospital attempts to contact the PASSPORT provider and does not receive a response within 60 minutes, authorization is assumed. To be paid for these services, documentation must be sent to the PASSPORT program officer (see *Key Contacts*) for review. The documentation must include the time an attempt was made to reach the provider and the time the inpatient hospitalization began. There must be a 60 minute time lapse between these two events.

Billing and Reimbursement

Reimbursement (ARM 37.86.5112)

Reimbursement for PASSPORT client services is the same as Medicaid fee-for-service reimbursement. This allows providers the opportunity to become actively involved in cost containment and quality of care without financial risk. For more information on reimbursement, see the Department's fee schedule for your provider type and the *How Payment is Calculated* chapter in the Medicaid billing manual for your provider type (both available on the Provider Information website, see *Key Contacts*).

In addition to fee-for-service reimbursement, PASSPORT providers also receive a case management fee of \$3.00 per client per month, and an enhanced fee totaling \$6.00 per client per month for each enrolled Team Care client. This fee is in a separate check from the fee-for-service reimbursement, and is paid regardless of whether the client is seen during the month.

The monthly case management fee is paid to providers by their PASSPORT number. The fees are listed as a procedure code (G9008) for each PASSPORT enrollee on the provider's Remittance Advice (RA). The date of service for the code is shown as the first of the month for which the fee is being paid. PASSPORT providers do not bill for case management fees.

PASSPORT Billing Tips

- Remember to verify client eligibility and PASSPORT provider at each visit before treating the client. See the *Client Eligibility and Responsibilities* chapter in the *General Information For Providers* manual for the methods available for checking client eligibility.
- Contact Provider Relations for information on Medicaid claims (see *Key Contacts*).
- Do not bill for case management fees; they are paid automatically to the provider each month.
- Team Care is a component of the PASSPORT Program; therefore, Team Care billing procedures mirror PASSPORT.
- For additional instructions on billing Medicaid, refer to the Medicaid billing manual for your provider type.



Do not bill for case management fees; they are automatically paid to the provider each month.

Definitions and Acronyms

This section contains definitions, abbreviations, and acronyms used in this manual.

Administrative Review

Administrative reviews are the Department's effort to resolve a grievance about a Department decision in order to avoid a hearing. The review includes an informal conference with the Department to review facts, legal authority, and circumstances involved in the adverse action by the Department.

Administrative Rules of Montana (ARM)

The rules published by the executive departments and agencies of the state government.

Authorization

An official approval for action taken for, or on behalf of, a Medicaid client. This approval is only valid if the client is eligible on the date of service.

Basic Medicaid

Patients with Basic Medicaid have limited Medicaid services. See *Appendix A: Medicaid Covered Services*.

Centers for Medicare and Medicaid Services (CMS)

Administers the Medicare program and oversees the state Medicaid program. Formerly the Health Care Financing Administration (HCFA).

Children's Health Insurance Program (CHIP)

This plan covers some children whose family incomes make them ineligible for Medicaid. DPHHS sponsors the program, which is administered by BlueCross BlueShield of Montana.

Client

An individual enrolled in a Department medical assistance program.

Cosmetic

Serving to modify or improve the appearance of a physical feature, defect, or irregularity.

Cost sharing

The client's financial responsibility for a medical bill, usually in the form of a flat fee.

DPHHS, State Agency

The Montana Department of Public Health and Human Services (DPHHS or Department) is the designated State Agency that administers the Medicaid program. The Department's legal authority is contained in Title 53, Chapter 6 MCA. At the Federal level, the legal basis for the program is contained in Title XIX of the Social Security Act and Title 42 of the Code of Federal Regulations (CFR). The program is administered in accordance with the Administrative Rules of Montana (ARM), Title 37, Chapter 86.

Early Periodic Screening Diagnosis and Treatment (EPSDT)

This program provides Medicaid-covered children with comprehensive health screenings, diagnostic services, and treatment of health problems.

Emergency Services

Emergency medical services are those services required to treat and stabilize an emergency medical condition.

Fair Hearing

Providers may request a fair hearing when the provider believes the Department's administrative review determination fails to comply with applicable laws, regulations, rules or policies. Fair hearings include a hearings officer, and can include attorneys, and witnesses for both parties.

Full Medicaid

Patients with Full Medicaid have a full scope of Medicaid benefits. See *Appendix A: Medicaid Covered Services*.

Group PASSPORT Provider

A Group PASSPORT To Health provider is enrolled in the program as having one or more Medicaid providers practicing under one PASSPORT number.

Indian Health Services (IHS)

IHS provides federal health services to American Indians and Alaska Natives.

Medicaid

A program that provides health care coverage to specific populations, especially low-income families with children, pregnant women, disabled people and the elderly. Medicaid is administered by state governments under broad federal guidelines.

Medicaid Eligibility and Payment System (MEPS)

A computer system by which providers may access a client's eligibility, demographic, and claim status history information via the internet.

Medically Necessary

A term describing a requested service which is reasonably calculated to prevent, diagnose, correct, cure, alleviate or prevent worsening of conditions in the client. These conditions must be classified as one of the following: endanger life, cause suffering or pain, result in an illness

or infirmity, threaten to cause or aggravate a handicap, or cause physical deformity or malfunction. There must be no other equally effective, more conservative or substantially less costly course of treatment available or suitable for the client requesting the service. For the purpose of this definition, "course of treatment" may include mere observation or, when appropriate, no treatment at all.

Medicare

The federal health insurance program for certain aged or disabled clients.

PASSPORT Approval Number

This is the number the PASSPORT provider gives to other providers when approving services. This is a seven digit number issued to the PASSPORT provider and must be on the claim or Medicaid will deny the service.

Prior Authorization (PA)

The approval process required before certain services or supplies are paid by Medicaid. Prior authorization must be obtained before providing the service or supply.

Provider or Provider of Service

An institution, agency, or person:

- Having a signed agreement with the Department to furnish medical care and goods and/or services to clients; and
- Eligible to receive payment from the department.

Retroactive Eligibility

When a client is determined to be eligible for Medicaid effective prior to the current date.

Sanction

The penalty for noncompliance with laws, rules, and policies regarding Medicaid. A sanction may include withholding payment from a provider or terminating Medicaid enrollment.

Solo PASSPORT Provider

A Solo PASSPORT To Health provider is enrolled in the program as an individual provider with one PASSPORT number.

Team Care

A utilization control program designed to educate clients on how to effectively use the Medicaid system. Team Care clients are managed by a “team” consisting of a PASSPORT PCP, one pharmacy, the Nurse First Advice Line, and Montana Medicaid.

Well Child Check Up

Regularly scheduled check ups to screen for and treat specific pediatric problems. The check ups include immunizations as defined in the EPSDT chapter of this manual.

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